



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2017 MAY - 1 AM 11:43


R.I. DEPT. OF STATE
BUSINESS DIV.

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident office in the State of Rhode Island:

1. Entity ID Number 001671917		2. Exact Name of the Limited Liability Company KOCHI CRANSTON LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 42 Hunters Crossing Drive			
City/Town Coventry		State RHODE ISLAND	Zip 02816
4. The address of the NEW resident office is:			
Street Address (<u>NOT</u> a P.O. Box) 1776 PLAINFILED PIKE			
City/Town CRANSTON		State RHODE ISLAND	Zip 02921
5. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 30 days from the day of filing) _____			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Limited Liability Company, and that all statements contained herein are true and correct.			
Name of Authorized Person of the Limited Liability Company CONG PAN			Date 04/19/2017
Signature of Authorized Person of the Limited Liability Company 			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

11:43

FILED

MAY 1 2017

BY 